DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1650

Registration District No. 34 — Primary Registration District No. 6239 — Registrar's No. 2

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Exeter Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution /
In this community 4 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry 5
(c) City or town Exeter 6
(If outside city or town limits write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME THOMAS B. YARNALL
3. (b) If veteran, name war ____
3. (c) Social Security No. ____

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Abigal Yarnall
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Oct. (Month) 7 (Day) 1871 (Year)

8. AGE: Years 69 | Months 2 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace Wayne County (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Retired
FATHER 12. Name John L. Yarnall
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Rebecca M. Hawk
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Erskin Yarnall
(b) Address Cassville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Maplewood (Exeter)
18. (a) Signature of funeral director Koon Funeral Home
(b) Address Cassville, Mo.
19. (a) Jan. 3-1941 (Date received local registrar) (b) Mrs. H. P. Searcy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1
year 1941 hour 1 minute 25 P.M.
21. I hereby certify that I attended the deceased from Jan 7 1941 to Jan 1 1941
that I last saw him alive on Jan 1 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	7 days
Due to Multiple Sclerosis	3 yrs.
Due to ____	
Other conditions (Includes pregnancy within 3 months of death) ____	

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____
(Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature [illegible] (M.D.)
Address Cassville Mo Date signed 1/2/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File 141-247
Date Filed FEB 8 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Rufus J. Miller

Licensed Embalmer No. 3794

P. O. Address Cassville, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

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1. PLACE OF DEATH:

(a) County Barry

(b) City or town Exeter Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Thomas B. Garnall

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 69 | Months 2 | Days 25 | If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia - Lobar

Due to Multiple Sclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

S-1650